

Health Department, City of Baltimore.

Permit No.

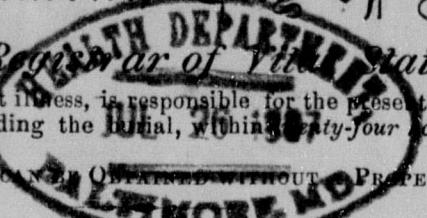
A 1710 Office of Registrar of Vital Statistics.

Ward

19^{1/4}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

24² July 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Reives,

Motto

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 82 Years,

Months,

Days

Color,

100 days

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Coffey Merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Rhode Islands

Duration of Residence in the City of Baltimore,

54 Years

Place of Death, { Give Street and Number. }

3 North Charles St.

Cause of Death, { First (Primary), }

Disease of the Liver

Second (Immediate),

Empyema & Cono.

Duration of Last Sickness,

Two months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, July 27/87

{ Undertaker, Denny & Mitchell }

M. D.

Medical Attendant.

{ Place of Business, 126 N Fayette }

Address, 180 N Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No. A

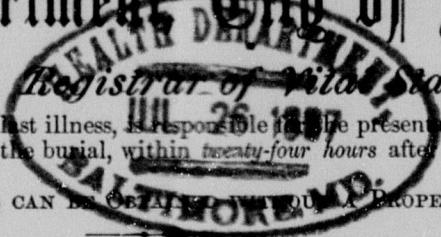
1711

Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 25 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Generous Affay ronk

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, 18 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Baltimore City,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Lifetime

Duration of Residence in the City of Baltimore,

717 Hornet St

Place of Death, { Give Street and Number. }

Eubos - Colitis

Cause of Death, { First (Primary), Second (Immediate), }

Convulsions

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 26th

J. H. Robinson

M. D.

{ Undertaker, H. C. Wiedfeld }

Medical Attendant.

{ Place of Business, 916 Greenmt Ave Address, 725 Grand Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1712 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 24.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Moses West

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Kingscove Co Va

Duration of Residence in the City of Baltimore, 3 years

Place of Death, { Give Street and Number. }

1323 W. 10th St

Cause of Death, { First (Primary), Second (Immediate), }

Peritonitis

Collapse

Duration of Last Sickness,

1 week

All the above information should be furnished by the Physician.

Place of Burial, King George & Co Va

Date of Burial, July 26 1887

John S. Hack.

M. D.

Undertaker, W. H. Madden

Medical Attendant.

Place of Business, 146 East St

Address, Appleton & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No.

1713

Office of Registrar of Vital Statistics.

Ward

15th
14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A VITAL CERTIFICATE.

Olin

CERTIFICATE OF DEATH.

Date of Death,

July 25 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Thomas Rane

Sex, Male or Female, { Cross out the word not required in this line.

Age, 28 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation, Carpenter

Birth Place, { State or country, and how long in the United States, if of foreign birth. Wilmington Del

Duration of Residence in the City of Baltimore, Four (4) weeks

Place of Death, { Give Street and Number. On Patterson & Boston Street

Cause of Death, { First (Primary) Accidental falling from coal pile P.W.R.A.C. Second (Immediate) Fracture of skull & want compression of brain

Duration of Last Sickness, Two (2) hours

All the above information should be furnished by the Physician.

Place of Burial, Milton Caylor Del

Date of Burial, July 26 1887

{ Undertaker, H. A. Dager

Offices of Dr. Dudgeon
Medical Attendant.

M. D.

{ Place of Business, 229 S. Broadway

Address, 10 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Special Permit Transit [OVER.]

Health Department, City of Baltimore.

Permit No. A 1714 Office of Registrar of Vital Statistics. Ward 9 1/2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *absolutely filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH:

Date of Death, July 25th 89

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Blane

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Three Months, — Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 219 McKinley

Cause of Death, { First (Primary), Second (Immediate), } Marasmus
Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, July 26th 1887

{ Undertaker, John H. Owens

{ Place of Business, 502 Pearl St.

DeLaney & Bradley M. D.
Medical Attendant

Address, 108 W. Courtney St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

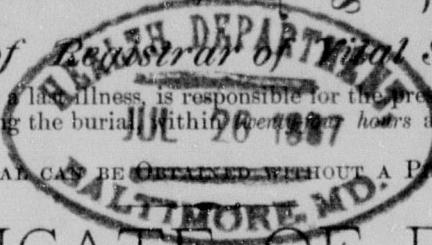
Health Department, City of Baltimore.

Permit No.

A 1715 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a fatal illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, July 26th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Virginia Elizabeth Colly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 weeks Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 128. D. Silum

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 128 D. Silum
Lourrisium

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, Half a day.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, July 27/87 Attendant, Human F. Nico. I. D.

{ Undertaker, J. B. Cook
Place of Business, 1003 W. Baltimore St.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Health Department, City of Baltimore.

Permit No.

A 1716

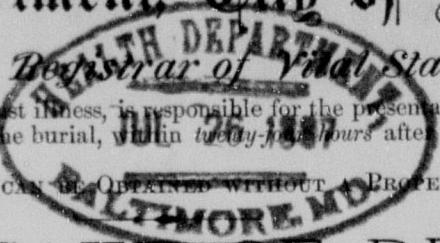
Office of Registrar of Vital Statistics.

Ward

13^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



C

CERTIFICATE OF DEATH.

Date of Death,

July 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Jane Callahan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Limerick, Ireland

Duration of Residence in the City of Baltimore,

35 years

Place of Death, { Give Street and Number. }

267 (old number) Lemon Alley

Cause of Death, { First (Primary), Second (Immediate), }

Softening of Brain

Several Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, July 26th 1887

D. P. Hoffman M. D.

Medical Attendant.

{ Undertaker, W. Cadogan }

{ Place of Business, 27 Mulberry St }

Address, 402 West Fayette

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

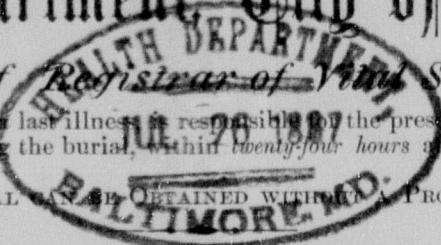
Permit No. A 1717

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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B

CERTIFICATE OF DEATH.

Date of Death,

July 24th - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Joseph Smith

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

1 Years,

5 Months,

6

Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

No

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

1 yr 5 mos 6 days

Place of Death, { Give Street and Number. }

626 Montgomery St. Between Fremont & Wayne

Cause of Death, { First (Primary), Second (Immediate), }

Diarrhoea

Duration of Last Sickness,

5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eliz. Pat. Cemetery

Date of Burial, July 26 1887

{ Undertaker, Geo. E. Brown

{ Place of Business, Health Office

Wm P. Lehman M. D.

Medical Attendant.

Address, University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. **A 1718**Ward **100
q**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. **B**

Date of Death, **July 26, 1887**Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Mr. Charles George Brown**Sex, Male or Female, { Cross out the word not required in this line. } **Female**Age, **W.** Years,Months, **21**

Days.

Color, **W.** Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Single**Occupation, **Baker**Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Baltimore**Duration of Residence in the City of Baltimore, **Since birth**Place of Death, { Give Street and Number. } **611 Lexington**Cause of Death, { First (Primary),
Second (Immediate). } **Malaria -
Asthma**Duration of Last Sickness, **Since birth**

All the above information should be furnished by the Physician.

Place of Burial, **Baltimore**Date of Burial, **July 27, 1887**{ Undertaker, **Henry McNamee**{ Place of Business, **2200 Centre Street****J. L. M. M. D.**

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1719

Office of Registrar of Vital Statistics.

Ward 5 $\frac{4}{4}$

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 9 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1121 McElderry St.

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, July 27, 1887

{ Undertaker, Henry Koch }

Edwin B. Fenby

M. D.

Medical Attendant.

{ Place of Business, 1023 Central Ave. Address, 1201 N Eden St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]